

# Aflac Vision Insurance

## PLAN 4

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At Aflac, your vision is our focus. Rely on us for access to affordable eye care and more



**Notice to Consumer:** This is a limited benefit plan and provides vision benefits only. Aflac's contracts of insurance, including Aflac's network dental and vision plans, provide limited-scope and/or supplemental benefits only and do not constitute comprehensive health insurance coverage. Aflac's contracts of insurance do not satisfy the requirement of minimum essential coverage under the Patient Protection and Affordable Care Act (ACA) and are not designed to meet any of the essential health benefit requirements mandated by the ACA or federal law, including pediatric oral or vision care services. Aflac's contracts of insurance are not an alternative to, or a substitute for, comprehensive health insurance coverage and should only be used to supplement comprehensive health insurance coverage.

**NOTICE:** The plan does not contain comprehensive adult wellness benefits as defined by Wyoming law.

Underwritten by:  
American Family Life Assurance Company of Columbus  
Worldwide Headquarters | 1932 Wynnnton Road | Columbus, Georgia 31999





## Your vision is our focus

Vision correction is just one of the reasons to get your eyes examined. Getting regular eye exams is a great way to spot eye disease early and preserve your vision. Eye diseases are common and may go unnoticed for a long time. Some don't even show symptoms in the beginning. It's important to discover them in the early stages when treatment can be most effective. While it's important for adults, it's just as important for children to have early vision screenings. Healthy eyes and vision are a critical part of a child's development.

But did you know that your eye care professional can also spot other conditions during a regular eye exam – like high blood pressure or diabetes? Some say eyes are the window to the soul, but they can also be the window to your overall health.

### Why choose Aflac vision insurance?

Aflac's vision insurance helps to make it easy and more affordable to get regular eye exams and much more. You may select the eye care provider of your choice.

**We make it easy to find a provider.** You can visit [www.aflac.com/VisionNetwork](http://www.aflac.com/VisionNetwork) and click "Provider Search" or call Davis Vision directly at **1.800.999.5431**. You'll have access to more than 85,000 providers throughout the United States.

**We also make it easy to schedule an appointment.** Simply have your member ID number, name and date of birth handy and the provider will take care of the rest.

# AFLAC VISION INSURANCE

Policy Series QNV1000



## You will receive:

- **Freedom of choice.** Access to care through our network of independent, private-practice doctors (optometrists and ophthalmologists (In Utah, providers)) or select retail optical partners.
- **One-year breakage warranty.** Unconditional one-year breakage warranty to repair or replace frames or lenses purchased at participating eye care professional locations.
- **Additional savings.** At most participating network locations, members receive up to 20% off additional eyeglasses, sunglasses and items not covered by the benefit, as well as 10% off disposable contact lenses.<sup>1</sup>
- **E-commerce options.** Glasses and replacement contacts (after initial benefit) are available through our online retailers. Mail-order service ensures easy, convenient online purchasing and quick, direct shipping to your door. Log on to our member website for details.
- **Laser-vision correction (LASIK).** Members can enjoy discounts on LASIK services at participating eye care professional locations-up to 25% off the participating eye care professional's usual and customary fees. Log on to our member website for details and to locate a provider.

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<sup>1</sup>Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

## WHAT IS COVERED?

Benefits	
<b>FREQUENCY</b>	
Eye examinations inclusive of dilation (when professionally indicated)	Once every 12 months
Eyeglass lenses	Once every 12 months
Frame	Once every 24 months
Contact lens evaluation, fitting and follow-up care (in lieu of eyeglasses)	Once every 12 months
<b>CO-PAYMENTS</b>	
Eye examination	\$10
Eyeglass lenses	\$25
Contact lens evaluation, fitting and follow-up care	\$0
<b>EYEGLOSS BENEFIT - FRAME</b>	
Frame allowance (retail) 20% overage discount <sup>2</sup>	Up to \$130 <b>OR</b> Up to \$180 <sup>3</sup>
<b>DAVIS VISION FRAME COLLECTION (IN LIEU OF ALLOWANCE)</b>	
	<b>Member Co-pay</b>
Fashion level	\$0
Designer level	\$0
Premier level	\$25
<b>MATERIALS - EYEGLOSS LENSES</b>	
	<b>Lens Upgrade Co-pay</b>
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)	\$0
Tinting of plastic lenses	\$0
Scratch-resistant coating	\$0
Polycarbonate lenses (children/adults)	\$0/\$30
Ultraviolet coating	\$12
Antireflective (AR) coating (standard/premium/ultra/ultimate)	\$35/\$48/\$60/\$85
Progressive lenses (standard/premium/ultra/ultimate)	\$50/\$90/\$140/\$175
High-index lenses	\$55
Polarized lenses	\$75
Plastic photochromic lenses	\$65
Scratch-protection plan: single vision/multifocal lenses	\$20/\$40
<b>CONTACT LENS BENEFIT (IN LIEU OF EYEGASSES) - STANDARD AND SPECIALTY LENS TYPES</b>	
Contact lens material allowance – plus 15% discount on any overage <sup>2</sup>	Up to \$130
Evaluation, fitting and follow-up care – standard lens types (in lieu of eyeglasses)	15% discount <sup>2</sup>
Evaluation, fitting and follow-up care – specialty lens types (in lieu of eyeglasses)	15% discount <sup>2</sup>
<b>COLLECTION CONTACT LENSES BENEFIT (IN LIEU OF CONTACT LENS MATERIAL ALLOWANCE)</b>	
Materials disposable: up to	4 boxes/multi-packs
Planned replacement: up to	2 boxes/multi-packs
Evaluation, fitting and follow-up care	\$0 co-pay
<b>NON-ELECTIVE (VISUALLY REQUIRED) CONTACT LENSES (WITH PRIOR APPROVAL)</b>	
Materials, evaluation, fitting and follow-up care	\$0 co-pay
<b>OUT-OF-NETWORK REIMBURSEMENT ALLOWANCE SCHEDULE</b>	
Eye examination	Up to \$40
Frame	Up to \$50
Single-vision lenses	Up to \$40
Bifocal/progressive lenses	Up to \$60
Trifocal lenses	Up to \$80
Lenticular lenses	Up to \$100
Elective contact lenses	Up to \$105
Non-elective (visually required) contact lenses	Up to \$225

<sup>2</sup>Discounts are not part of insured benefits.

<sup>3</sup>At Visionworks® locations.

Benefits and/or premiums may vary based on the state and benefit option selected. The plan has limitations and exclusions that may affect benefits payable. The plan may contain a waiting period. Refer to the policy and certificate for complete benefit details, definitions, limitations and exclusions. This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions as well as a complete list of the Schedule of Benefits payable under the plan.

## TERMS YOU NEED TO KNOW

**Co-pay:** an insured person's share of the costs for covered services or materials that are provided by an in-network provider. The co-pay is paid directly to the provider at the time services are rendered. Co-pay amounts are listed in the Schedule of Benefits.

**Contact Lenses:** contact lenses an insured person elects to wear instead of eyeglasses for reasons of comfort or appearance.

**Contact Lenses, Non-Elective:** contact lenses that are prescribed solely for the purpose of correcting one of the following medical conditions. These conditions prevent the insured person from achieving a specified level of visual acuity (performance) through the wearing of conventional eyeglasses.

- Aphakia (after cataract surgery).
- When visual acuity cannot be corrected to 20/70 in the better eye except through the use of contact lenses (must be 20/60 or better).
- Anisometropia of 4.0 diopters or more, provided visual acuity improves to 20/60 or better in the weak eye.
- Keratoconus.

**Covered Services or Materials:** the materials that qualify for benefits under the plan. Covered services or materials are shown in the Schedule of Benefits.

**Eligible Dependent:** someone who is residing in the United States and who is:

- Your legally married spouse or partner in a legally recognized union; or
- Your or your spouse's natural child, stepchild, legally adopted child, child in your custodial care pursuant to a court order, or child for whom you have been appointed as legal guardian, who is under age 26.

Other stipulations may apply. See your certificate for details. The definition of spouse and children vary by state.

**Eyeglass Lenses:** a standard glass or plastic (CR39) lens, which is optically clear, that will fit an eye glass frame with a lens size less than 61mm in length. Standard multifocal lenses include segments through flat top 35 for plastic bifocal and lenticular lenses, through flat top 28 for glass trifocals, and through flat top 35 for plastic trifocals.

**In-network provider:** an ophthalmologist, optometrist or optician who has entered into an agreement with the administrator to provide covered services or materials at an agreed-to cost. (In Utah, a provider who has entered into an agreement with the administrator to provide covered services or materials at an agreed-to cost.) When an in-network provider is used, the insured person will generally incur less out-of-pocket cost for the services rendered.

**Ophthalmologist:** a person who is licensed by the state in which he or she practices as a doctor of medicine or osteopathy and is qualified to practice within the medical specialty of ophthalmology.

The ophthalmologist cannot be 1) the insured person; 2) a family member (In South Dakota, unless the family member is the only ophthalmologist in the area and is acting within the scope of practice); or 3) retained by the policyholder. (In Utah, this is not applicable; In Texas, the stipulations 1, 2, and 3 are not applicable.)

**Optician:** a person or business that grinds and/or dispenses eyeglass lenses and contact lenses prescribed by either an optometrist or ophthalmologist. The optician cannot be 1) the insured person; 2) a family member (In South Dakota, unless the family member is the only optician in the area and is acting within the scope of practice); or 3) retained by the policyholder. (In Texas, the stipulations 1, 2, and 3 are not applicable.) The optician must be licensed by the state in which services are rendered, if such state requires licensing. (In Utah, this is not applicable.)

**Optometrist:** a person licensed to practice optometry (and in Texas, including therapeutic optometry) as defined by the laws of the state in which services are rendered. The optometrist cannot be 1) the insured person; 2) a family member (In South Dakota, unless the family member is the only optometrist in the area and is acting within the scope of practice); or 3) retained by the policyholder. (In Utah, this is not applicable; In Texas, the stipulations 1, 2, and 3 are not applicable.)

**Out-of-network provider:** an ophthalmologist, optometrist or optician who is not an in-network provider. (In Utah, provider who is not an in-network provider.) These providers have not entered into an agreement with us to limit their charges. They are not listed in the in-network provider directory. In Kentucky, we will not discriminate against any provider located within the geographic coverage area who is willing to meet the terms and conditions for participation established by us.

In Utah, **Provider:** any legally qualified medical provider acting within the scope of their license. A physician includes ophthalmologists, opticians and optometrists. Such physician cannot be 1) the insured person; 2) a family member; or 3) retained by the policyholder.

### EFFECTIVE DATE PROVISIONS

#### Eligible members and eligible dependents

Coverage takes effect on the certificate effective date shown on your ID card.

#### Additional dependents

The effective date of any newly acquired eligible dependent will be governed by the same rules as described above under the heading "eligible members and eligible dependents." You must first complete, sign and submit to us a new enrollment form for all your additional dependents, including newborn children, and submit the additional premium, if any. However, newborn children will be covered for the first 90 days following their birth. To continue coverage beyond that 90-day period, you must notify us in writing of the child's date of birth at any time during the 90-day period.

Other stipulations may apply. See your certificate for details. The definition of spouse and children vary by state.

## TERMS YOU NEED TO KNOW

### TERMINATION PROVISIONS

#### Insured members

All of your insurance under the policy will terminate at 11:59 p.m. (In South Carolina, 12:00 a.m.) at the main office of the policyholder on the earliest of the following dates:

- The date the policy terminates;
- The last day of the month in which you cease to be an eligible member;
- The date you die; or
- On any premium due date, when full payment for insurance is not made within the grace period. (In Nevada, when any premium due, is not made before the end of the grace period.)

If an event that is described above occurs, written notice must be provided to us, by you or the policyholder, within 31 days of such event.

In West Virginia, however, if the insured member is involuntarily laid off from work with the employer, the insured member may continue coverage for a maximum of 18 months by paying the premium due on a monthly basis at the group premium rate currently in force. If any premium is not paid when due, the insured member's coverage will be canceled as of the premium due date, subject to the grace period provision. If the employer's premium rate changes, the insured member's premiums will also change.

In Connecticut, the policyholder must inform you if the policy terminates for any reason other than nonpayment of premium at least 15 days prior to the effective date of termination unless similar coverage becomes effective immediately upon termination with no interruption in coverage.

#### Insured dependents

Your dependent's insurance under the policy will terminate at 11:59 p.m. (In South Carolina, 12:00 a.m.) at the main office of the policyholder on the earliest of the following dates:

- The date the policy terminates;
- The last day of the month in which you cease to be an eligible member;
- The date the insured dependent ceases to be an eligible dependent (In Utah, the last day of the month in which the insured dependent ceases to be an eligible dependent);
- The date you die;
- The date the insured dependent dies;
- On any premium due date, when full payment for insurance is not made within the grace period (In Nevada, when any premium due, is not made before the end of the grace period); or
- The date we receive your request to terminate dependent coverage subject to any limitation imposed by the policyholder.

If an event that is described above occurs, written notice must be provided to us, by you or the policyholder, within 31 days of such event.

#### Notice required when your coverage terminates

We must be informed promptly, by you or the policyholder, when your status as an eligible member terminates for any reason. Failure to provide timely notice will not continue your insurance past the time it would have otherwise ended as provided above.

In the event premiums have been paid to us on your behalf after your coverage should have terminated, we will refund the premium for the period for which premiums were paid in error up to a maximum of three policy months or to the last policy anniversary, whichever is less. (In Kentucky, in the event premiums have been paid to us on your behalf after your coverage should have terminated, we will refund the premium for the period for which premiums were paid in error.) If we are not notified that your coverage is terminated and we pay any benefits for your covered services or materials incurred after the date your coverage terminated, the full amount of those benefits will be considered an overpayment which must be repaid to us.

Other stipulations may apply. See your certificate for details.

## LIMITATIONS AND EXCLUSIONS

State references within this brochure refer to the state of your group and not your resident state.

### Limitations

Eyeglass lenses and frames are paid in lieu of the contact lenses benefit.

Contact lenses are payable in lieu of eyeglass lenses and frames.

Dilation is covered in full under the vision exam benefit only if required by state law or done for one of the following conditions: central vision loss, photopsia, floaters, high myopia, diabetes or history of ocular surgery, ocular trauma or ocular disease.

### Exclusions

No benefits are payable for any of the following conditions, services, procedures and/or materials, unless otherwise specifically listed as a covered benefit in the Schedule of Benefits:

- Replacement frames and/or lenses, except at normal intervals when covered services or materials are otherwise available;
- Plano lens or non-prescription lenses or sunglasses;
- Orthoptics, vision training and any associated supplemental testing;
- Frame cases;
- Low (subnormal) vision aids or aniseikonic lenses;
- Medical and surgical treatment of the eyes;
- Charges incurred after (a) the policy ends; or (b) the insured person's coverage under the policy ends, except as stated in the policy;
- Any eye examination or corrective eyewear required by an employer as a condition of employment;
  - In Arkansas, this exclusion does not apply.
- Services for which benefits are paid by worker's compensation;
- Blended bifocal lenses;
- Groove, drill or notch, and roll and polish;
- Two pairs of glasses, in lieu of bifocals, trifocals or progressives;
- Coating on lenses (factory scratch coat, anti-reflective, sunglass colors, etc.);
- Cosmetic items;
- Faceted lenses;
- High-index lenses;
- Laminated lenses;
- Oversize lenses – any lens with an eye size of 61mm or greater;
- Photochromic (transition) lenses;
- Polaroid lenses;
- Polished bevel lenses;
- Polycarbonate lenses, except for insured members under 19;
- Prism lenses;
- Slab-off lenses;
- Tints (except pink tint #1 and #2);
- Ultra-violet tint or coating;
- Additional cost for contact lenses over the allowance;
- Additional cost for a frame over the allowance;
- Progressive power lenses;
- In Texas:
  - Services and procedures performed by an ophthalmologist, optician, and optometrist who is the insured person, or a family member.

No benefits are payable for services performed by a member of the insured person's family. Insured person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents.





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Applies to Policy Series QNV1000. In Arkansas, policy form QNV1100MAR. In Oklahoma, policy form QNV1100MOK. In Oregon, policy form QNV1100MOR and QNV1100MORS. In Pennsylvania, policy form QNV1100MPA. In Texas, policy form QNV1100MTX.

Coverage is underwritten by Aflac. WWHQ | 1932 Wynnton Road | Columbus, GA 31999

Vision Network: Davis Vision | Capital Region Health Park, Suite 301 | 711 Troy-Schenectady Road | Latham, NY 12110 | 800.999.5431 | [www.davisvision.com](http://www.davisvision.com)

